

ASSOCIATION OF THE SELF-FINANCING UNIVERSITIES OF RAJASTHAN

(Registration No. 250 Jaipur/2009-10)

1. Amity University Rajasthan, Amity House, 14, Gopal Bari, Ajmer Road, Jaipur-302001
2. Bhagwant University, P.O. Box No. 87, Sikar Road, Ajmer - 305001
3. Jagan Nath University, Plot No. IP-2 & 3, Phase IV, Sitapura Industrial Area, Opp. Chokhi Dhani, Jaipur
4. Jaipur National University, Near New RTO Office, Jaipur-Agra Bypass, Jagatpura, Jaipur-302025
5. Jodhpur National University, Narnadi, Jhanwar Road, Boranada, Jodhpur
6. Mahatma Jyoti Rao Phoole University, SP-2, 3 Kant Kalwar, RIICO Industrial Area, NH-8 Near Achrol, Jaipur
7. Mewar University, NH-79, Gangarn Chittorgarh-312901
8. Shri Jagdishprasad Jhabarmal Tibrewala University, Churu-Bishau Road, Chudela, Distt. Jhunjhunu-333001
9. Singhania University, V.P.O.- Pacheri Bari, Distt. Jhunjhunu- 333515
10. Sir Padampat Singhania University, Bhatewar, Tehsil-Vallabh Nagar, District Udaipur-313601

APPLICATION FORM : 2009-10

Recent passport
size color
Photograph

Form No. _____

Registration No. _____
(For office Use)

Scholar No. _____

Please fill in the Application Form in BLOCK LETTERS

Name (Mr./Mrs./Ms.) _____
Surname First Name Middle Name

Father's Name _____
Surname First Name Middle Name

Mother's Name _____
Surname First Name Middle Name

Date of Birth
Date Month Year Nationality _____ Caste Category: SC/ST/OBC/Gen.
Religion _____

Address:

Residence: _____

Pin

Telephone _____ Mobile _____

Office: _____

Pin

Telephone _____ Mobile _____

Marital Status: Single Married **Sex:** Male Female **Hostel Facility Required:** Yes No

(Girls/Boys)

Local Guardian _____ **Conveyance Desired:** Yes No **Educational Qualifications:**

Examination	Name of Institution	Board/University	% Marks	Year	Subject
Secondary					
10+2					
Graduation					
Post graduation/Other					
Any other qualification					

Extracurricular activities and honors received, if any.

Program applied for: _____

(Please write numbers in the boxes provided to indicate order of preference)

- | | | | |
|---|--------------------------|---|--------------------------|
| 1. Bachelor of Technology (B.Tech) | <input type="checkbox"/> | 9. Master of Education (M.Ed.) | <input type="checkbox"/> |
| 2. Master of Business Administration (MBA) | <input type="checkbox"/> | 10. B.A. LLB (5-year Integrated) | <input type="checkbox"/> |
| 3. Postgraduate Diploma in Management (PGDM) | <input type="checkbox"/> | 11. B.Sc. Biotechnology | <input type="checkbox"/> |
| 4. Bachelor of Pharmacy | <input type="checkbox"/> | 12. B.Sc.-M.Sc. Biotechnology (5-year Integrated) | <input type="checkbox"/> |
| 5. Master of Pharmacy | <input type="checkbox"/> | 13. B.Sc.-M.Sc. Microbiology | <input type="checkbox"/> |
| 6. Master of Computer Applications (MCA) | <input type="checkbox"/> | 14. B.Sc.-M.Sc. Bioinformatics | <input type="checkbox"/> |
| 7. Bachelor in Hotel Management & Catering Technology (BHMCT) | <input type="checkbox"/> | 15. B.Sc. Agriculture | <input type="checkbox"/> |
| 8. Bachelor of Education (B.Ed.) | | | |

Preference for Admission at the University: (Write down the names of Member Universities, in order of your preference, if any)

1. _____
2. _____
3. _____

Declaration by Candidate

I, Mr./Mrs./Ms. _____ hereby declare that the information furnished in this form is true to the best of my knowledge and belief. I am submitting this application, with the understanding that if found eligible on the basis of the Joint Entrance Test I shall be entitled to attend GD/PI in a University according to the preferences that have indicated above, failing which in any other member University.

Date: _____

Signature of Applicant

Documents to be submitted along with the Application Form:

1. An attested copy of the proof of Date of Birth.
2. Attested photocopies of qualifying examination (mark sheets).
3. Work experience certificate (where applicable).
4. 2 passport size photographs (in addition to the 4 photographs affixed on form).

ASSOCIATION OF SELF-FINANCING UNIVERSITIES OF RAJASTHAN
JOINT ENTRANCE TEST 2009-10
CENTRE'S COPY



Roll No. _____

Name of Candidate: _____

Address for Correspondence: _____

Choice of Centre by the Candidate
(any one of the Member Universities): _____

Centre allotted by the Association: _____

Date & time of Test: _____

Signature of Candidate

Coordinator of Joint Test

ASSOCIATION OF SELF-FINANCING UNIVERSITIES OF RAJASTHAN
JOINT ENTRANCE TEST 2009-10
CANDIDATE'S COPY



Roll No. _____

Name of Candidate: _____

Address for Correspondence: _____

Choice of Centre by the Candidate
(any one of the Member Universities): _____

Centre allotted by the Association: _____

Date & time of Test: _____

Signature of Candidate

Coordinator of Joint Test